



Frances Webster-Benwell *considers what elements motivate midwives to engage in continuing education and the effects on their practice*

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SUMMARY: National guidelines require midwives to undertake effective post-registration education which is relevant to practice. However, there is minimal research investigating the *impact* of education on practice, most of which originates from nursing and allied professions. A small-scale phenomenological pilot study, involving four experienced midwives, was undertaken to explore their experiences and opinions regarding the impact of midwifery post-registration educational courses upon practice. The research highlighted two key areas: practical engagement in continuing professional development (CPD) and midwives' reasons for their educational choices. The midwives valued the practical relevance and applicability of CPD to practice and the use of interprofessional learning in narrowing the theory-practice gap; educational choices were affected by accessibility, flexibility, mandatory attendance, cost and conflict with employers' objectives. The study suggests further research into the impact of CPD upon midwifery practice and what factors would better engage and motivate midwives to undertake more clinically effective post-registration education.

Keywords Midwives, post registration education, outcomes of education, professional practice

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Introduction

Midwives must undertake relevant continuing professional development (CPD) and document how education has informed and influenced their practice (Nursing and Midwifery Council (NMC) 2011). Also, the Department of Health (DH) has emphasised the need for strengthening the integration of theory into practice within post-registration education (DH 2010a), and for future midwifery education to be demonstrably linked to its impact upon practice (DH 2010b). This increasing focus on the impact of post-registration education has

added to pressure within the National Health Service (NHS) (Staniland et al 2011), yet there appears to be a dearth of evidence surrounding educational practice improvements (Grisetti and Jacono 2006; Health Service Executive (HSE) 2008). Whilst most evidence relates to nursing rather than midwifery disciplines, it suggests that post-registration education changes practitioners' beliefs and ensures staff competency and accountability, with minimal impact on care and service delivery (Gijbels et al 2009; McCormack and Slater 2006), and questions whether educational programmes

successfully combine innovation with compassion (Bradshaw and Bagness 2010). This is important in post-registration learning and development, as governance links education to clinical outcome and value (Coward 2010). There is also a suggestion that practitioners' ambitions and employers' demands result in conflicting choices (Munro 2008), leading to the question: What impact does post-registration education have upon midwifery practice?

Methodology

The aim of the study was to explore midwives' perspectives of CPD and its impact on their practice. The research used a qualitative methodology to investigate subjective experiences (Burton and Bartlett 2009) and to propose how choices were made in particular educational and clinical practice situations (Clough and Nutbrown 2012). The study was a small-scale pilot, involving semi-structured interviews, using a set of open-ended questions (See Box 1). The sample comprised the first four respondents of 10 midwives approached by letter (Curtis et al 2000) and the inclusion criteria were experienced NHS

midwives known to have undertaken a range of CPD. The participants underwent recorded interviews, which were transcribed verbatim, enabling greater data immersion to enhance analysis (Wright and Nayda 2005). The validity of the findings will be reflected in the match between the researcher's observations and emerging concepts (Silverman 2005).

Ethics

Ethical approval was awarded by a university research ethics committee at the University of Wolverhampton; voluntary informed consent was obtained without coercion, and midwives participated autonomously (British Educational Research Association (BERA) 2011), whilst confidentiality and privacy were assured.

Results

The midwives' interviews were analysed using a thematic coding approach (Green et al 2007); topics were identified to explain and interpret the midwives' views (See Box 2).

Two key themes were generated: *practical engagement in CPD* and *midwives' reasons for their educational choices*.

Practical engagement in CPD

The midwives said that the practical element of CPD was important, despite some variation in its actual application. They preferred programmes applicable to practice as opposed to those merely of theoretical interest. They also felt it necessary to use CPD to challenge themselves as practitioners.

"It has to have a very practical application, and interesting so that it stimulates thought...and probably challenges what you're already doing."

"It's got to be something that's going to enhance my practice...and make me better at my job."

While education itself may bring interest and pleasure, resourcing pressures and an emphasis on quality care demand that outcome in practice is clear (DH 2008). The midwives felt such practical engagement was achievable through interactive, peer-learning activities which certainly may make the content more stimulating and memorable and better link theory to practice (Race 2005). However, many alleged practice-focused courses >>

Box 1 Interview Questions

- 1 What educational courses have you undertaken since you registered as a midwife?
- 2 Can you tell me about the courses which have been accredited?
- 3 Can you tell me in what ways the courses you have attended have had an impact on your practice?
- 4 Can you give me an example of one way in which a course impacted your practice?
- 5 What recommendations would you have for future courses to enhance their impact on practice?
- 6 What would attract you to educational courses in the future?

Box 2 Data analysis: coding, categories and themes

Codes	Categories	Themes
<ul style="list-style-type: none"> • Variation in relevance to practice • Impact of a practical vs theory element to educational courses • Engagement of interest • Interactive methods • Impact on team working 	<ul style="list-style-type: none"> • Practical relevance • Interest through interaction and team working 	Practical engagement
<ul style="list-style-type: none"> • Impact of course accessibility • Self-motivated vs mandatoryImpact of organisational needs 	<ul style="list-style-type: none"> • Accessibility • Individual or organisational choices 	Course choice
<ul style="list-style-type: none"> • Impact of examination of the newborn course on practice 	<ul style="list-style-type: none"> • Impact of examination of the newborn course on practice 	Examination of the newborn

have been seen as task-orientated training (Williams 2010). The midwives also linked involvement of the multidisciplinary team (MDT) to engagement and improved practice.

"You can...pick good practice from other people...and I think it's always good to have involvement from others and from faculties or universities because they bring in the academia that you don't necessarily have on the shop floor."

Interprofessional education (IPE) certainly appears to help NHS staff better adapt to MDT practice settings, manage change (Joyce and Cowman 2007), facilitate sharing good practice and improve cultural competence (Munoz et al 2009). This may help midwives to adopt an evolving public health role through a more collaborative approach to service provision (Bradshaw and Bagness 2010). However, while IPE may break down professional barriers (Hoffman and Harnish 2007; Joseph et al 2012), a gap appears to exist in resource planning to realise IPE benefits (Robson 2009), with most available evidence being from nurses' and medics' experiences.

Midwives' reasons for their educational choices
All the midwives felt course accessibility affected their educational choices, in terms of length, funding, flexibility and family-friendliness:

"It has to be accessible to me...because we're all people as well as midwives, aren't we? So your life needs, your work needs, your study needs have all got to come together."

Evidence supports this focus on making education manageable, realistic and involving the participants in course planning (Grisetti and Jacono 2006), minimising constraints and increasing user-friendliness (Richardson and Gage 2010). Yet accessibility may, in turn, steer

students towards particular courses from convenience (Fitzgerald 2004).

"There are some courses that you think... 'that would really help and I can see where that would fit in really nicely to my practice', and there are others that we go on because they're free...or easy to get to, which keep you updated for your PREP...which are not such good motivational factors."

The midwives also appeared dissatisfied in mandatory attendance and governance pressure.

"...pressures from our clinical governance and what we have to be seen to be abiding by, certainly with our in-service days."

"There's a difference between wanting to go on a course...and being told you need to do this...so they're going under duress."

Although midwives must maintain their knowledge and skills (NMC 2011), cost and governance drivers seem to be overtaking in a battle between mandatory and self-motivated education (Coward 2010). Certainly, individual and organisational educational choices can be contradictory rather than collaborative (Munro 2008), despite supplementation with personal time and money (Munro et al 2004). This frustration that cost and policy – not care –

appear to control educational choices is increasing (Radcliffe 2011), especially as educational value may be judged on how knowledge is then applied in practice (Fitzgerald 2004). Yet while education provision should be more responsive to healthcare professionals' needs, it could be argued that staff also have a responsibility to consider employers' requirements (Mickan 2009).

Discussion

Examination of the current literature revealed a gap in evidence demonstrating the impact of post-registration midwifery education upon practice. This study contributes to bridging that gap by identifying issues which may assist educational providers in better engaging and attracting midwives to courses which better link theory to practice. The midwives considered the relevant, practical application of courses to be vital to their effectiveness, which should prompt employers to question the restriction on educational variety caused by financial and task-oriented objectives. The midwives also favoured interactive IPE, which benefits deeper learning, change management and cultural competence, yet is often mismanaged. The study, therefore, suggests that, with improved implementation, IPE could be better employed. This could offer the opportunity for midwifery educationalists to augment service collaboration to advance appropriate curricula. The reasons why midwives choose educational courses was linked to accessibility, user-friendliness and conflict with organisational priorities. While the midwives were inspired by accessibility and self-nomination, financial and political pressures again appeared to restrict choice. Hence the study implies employers and government would achieve greater relevance of educational selection through a more flexible, blended approach.

The midwives said that the practical element of CPD was important, despite some variation in its actual application

Limitations of the study

The small scale of this study and the purposive sampling may have restricted the breadth and depth of the data produced, thus limiting the reliability and transferability of the results (Burton et al 2008). However, the sample is representative of experienced registered midwives in an acute maternity setting, and thus the findings can be justifiably applied to the broader midwifery population through shared commonality of role, clinical environment and relative experience (Bryman 2012; Burton and Bartlett 2009).

Implications for practice and further research

Thus to take the study findings forward, the following recommendations are proposed:

- Additional research on a larger scale should be carried out to appraise the impact of midwifery post-registration education upon practice across a range of programmes.
- Further exploration is required into what factors would better support midwives to choose clinically impactful CPD. *tpm*

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